

**APPLICATION FOR
CITY OF WICHITA OCCUPATIONAL LICENSE
Wichita, Kansas_____**

(date)

I hereby make application for City License to operate a _____
(type of business)

Applicant's Name _____ **Phone #** _____

Address _____

Date of Birth _____ **Race** _____ **Sex** _____

Business Name _____ **Phone #** _____

Address _____

Signature of Applicant

FOR OFFICIAL USE ONLY

Beginning Date _____ **Expiration Date** _____

APPROVED

DISAPPROVED

POLICE DEPARTMENT

CENTRAL INSPECTION

HEALTH DEPARTMENT

FIRE DEPARTMENT

29-601

